

DEC 21 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County McDonaldRegistration District No. 1167Township FultonPrimary Registration District No. 6698City Rocky ComfortSt. Mo. Ward 2

2. FULL NAME

(a) Residence, No. Rocky Comfort Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Church DATE Nov 30 193719. UNDERTAKER
(ADDRESS)20. FILED Dec. 8, 1937 Ada Collings
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 23, 1937, to Nov 28, 1937I last saw her alive on Nov 24, 1937. Death is saidto have occurred on the date stated above, at 7:05 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon

Date of onset

Other contributory causes of importance:

Name of operation 40 Date of Nov 28 1937What test confirmed diagnosis? 40 Was there an autopsy? 40

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 40 Date of injury Nov 28 1937Where did injury occur? 40 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 40Nature of injury 40

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 40(Signed) G. F. Edmundson, M. D.(Address) Stock, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

